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# PCT

## GENERAL POWER OF ATTORNEY

(for several international applications filed under the Patent Cooperation Treaty)

(PCT Rule 90/5)

The undersigned person(s):

M/s. Indfrag Limited  
An Indian Company  
No.1320, 12<sup>th</sup> Cross  
Indiranagar 2<sup>nd</sup> Stage,  
Bangalore – 560 038  
Karnataka State, India

Hereby appoint (s) the following person as: ☒ agent ☐ common representative

Mrs. Alamelu Vaidyanathan,  
451, 2<sup>nd</sup> Cross, 3<sup>rd</sup> Block, 3<sup>rd</sup> Stage,  
Basaveshwaranagar,  
Bangalore – 560 079,  
Karnataka State, India.

to represent the undersigned before ☒ all the competent International Authorities  
☐ the International Searching Authority only  
☐ the International Preliminary Examining Authority only

in connection with any and all international application filed by the undersigned with the following office.

INDIAN PATENT OFFICE as receiving Office and to make or receive payments on behalf of the undersigned.

Signature (s): For INDFRAG LIMITED

Chairman & Managing Director

Date: May 14, 2003

# PCT

## REQUEST

The undersigned requests that the present international application be processed according to the Patent Cooperation Treaty.

For receiving Office use only

International Application No.

International Filing Date

Name of receiving Office and "PCT International Application"

Applicant's or agent's file reference (if desired) (12 characters maximum) IN/PA-62

Box No. I TITLE OF INVENTION A NOVEL COMPOSITION OF COMPLEX METAL SALT OF GARCINIA ACID, A PROCESS FOR PREPARING THE SAME AND USE THEREOF	
Box No. II APPLICANT <input type="checkbox"/> This person is also inventor	
Name and address: (Family name followed by given name; for a legal entity, full official designation. The address must include postal code and name of country. The country of the address indicated in this Box is the applicant's State (that is, country) of residence if no State of residence is indicated below.) INDFRAG LIMITED, No.1320, 12th Cross, Indiranagar 2nd Stage, Bangalore - 560 038, Karnataka State, India	
Telephone No. 91-80-5285365	
Facsimile No. 91-80-5284636	
Teleprinter No.	
Applicant's registration No. with the Office	
State (that is, country) of nationality: IN	State (that is, country) of residence: IN
This person is applicant for the purposes of: <input type="checkbox"/> all designated States <input checked="" type="checkbox"/> all designated States except the United States of America <input type="checkbox"/> the United States of America only <input type="checkbox"/> the States indicated in the Supplemental Box	
Box No. III FURTHER APPLICANT(S) AND/OR (FURTHER) INVENTOR(S)	
Name and address: (Family name followed by given name; for a legal entity, full official designation. The address must include postal code and name of country. The country of the address indicated in this Box is the applicant's State (that is, country) of residence if no State of residence is indicated below.) PHILIP SAMUEL, 103, 4th Main, Domlur 2nd Stage, Bangalore - 560 071, Karnataka State, India	
This person is: <input type="checkbox"/> applicant only <input checked="" type="checkbox"/> applicant and inventor <input type="checkbox"/> inventor only (If this check-box is marked, do not fill in below.)	
Applicant's registration No. with the Office	
State (that is, country) of nationality: IN	State (that is, country) of residence: IN
This person is applicant for the purposes of: <input type="checkbox"/> all designated States <input type="checkbox"/> all designated States except the United States of America <input checked="" type="checkbox"/> the United States of America only <input type="checkbox"/> the States indicated in the Supplemental Box	
<input checked="" type="checkbox"/> Further applicants and/or (further) inventors are indicated on a continuation sheet.	
Box No. IV AGENT OR COMMON REPRESENTATIVE; OR ADDRESS FOR CORRESPONDENCE	
The person identified below is hereby/has been appointed to act on behalf of the applicant(s) before the competent International Authorities as: <input checked="" type="checkbox"/> agent <input type="checkbox"/> common representative	
Name and address: (Family name followed by given name; for a legal entity, full official designation. The address must include postal code and name of country.) MRS. ALAMELU VAIDYANATHAN, 451, 2nd Cross, 3rd Block, 3rd Stage, Basaveshwaranagar, Bangalore - 560 079, Karnataka State, India.	
Telephone No. 91-80-3235021	
Facsimile No. 91-80-3235854	
Teleprinter No.	
Agent's registration No. with the Office	
<input type="checkbox"/> Address for correspondence: Mark this check-box where no agent or common representative is/has been appointed and the space above is used instead to indicate a special address to which correspondence should be sent.	

**Continuation of Box No. III FURTHER APPLICANT(S) AND/OR (FURTHER) INVENTOR(S)***If none of the following sub-boxes is used, this sheet should not be included in the request.*

Name and address: (Family name followed by given name; for a legal entity, full official designation. The address must include postal code and name of country. The country of the address indicated in this Box is the applicant's State (that is, country) of residence if no State of residence is indicated below.)

SOMASUNDARAM SARAVANAN,  
No.1, 12th Cross,  
Bharathidasan Nagar,  
Hosur, Tamil Nadu,  
India - 560 071.

This person is:

- ☐ applicant only  
☒ applicant and inventor  
☐ inventor only (If this check-box is marked, do not fill in below.)

Applicant's registration No. with the Office

State (that is, country) of nationality:  
IN

State (that is, country) of residence:  
IN

This person is applicant  
for the purposes of:

☐ all designated  
States

☐ all designated States except  
the United States of America

☒ the United States  
of America only

☐ the States indicated in  
the Supplemental Box

Name and address: (Family name followed by given name; for a legal entity, full official designation. The address must include postal code and name of country. The country of the address indicated in this Box is the applicant's State (that is, country) of residence if no State of residence is indicated below.)

MEYYAPPAN THANGARAJ,  
72/174 - HIG,  
New Royakotta Hudco,  
Hosur, Tamil Nadu,  
India - 635 109.

This person is:

- ☐ applicant only  
☒ applicant and inventor  
☐ inventor only (If this check-box is marked, do not fill in below.)

Applicant's registration No. with the Office

State (that is, country) of nationality:  
IN

State (that is, country) of residence:  
IN

This person is applicant  
for the purposes of:

☐ all designated  
States

☐ all designated States except  
the United States of America

☒ the United States  
of America only

☐ the States indicated in  
the Supplemental Box

Name and address: (Family name followed by given name; for a legal entity, full official designation. The address must include postal code and name of country. The country of the address indicated in this Box is the applicant's State (that is, country) of residence if no State of residence is indicated below.)

This person is:

- ☐ applicant only  
☐ applicant and inventor  
☐ inventor only (If this check-box is marked, do not fill in below.)

Applicant's registration No. with the Office

State (that is, country) of nationality:

State (that is, country) of residence:

This person is applicant  
for the purposes of:

☐ all designated  
States

☐ all designated States except  
the United States of America

☐ the United States  
of America only

☐ the States indicated in  
the Supplemental Box

Name and address: (Family name followed by given name; for a legal entity, full official designation. The address must include postal code and name of country. The country of the address indicated in this Box is the applicant's State (that is, country) of residence if no State of residence is indicated below.)

This person is:

- ☐ applicant only  
☐ applicant and inventor  
☐ inventor only (If this check-box is marked, do not fill in below.)

Applicant's registration No. with the Office

State (that is, country) of nationality:

State (that is, country) of residence:

This person is applicant  
for the purposes of:

☐ all designated  
States

☐ all designated States except  
the United States of America

☐ the United States  
of America only

☐ the States indicated in  
the Supplemental Box

☐ Further applicants and/or (further) inventors are indicated on another continuation sheet.

## Box No. Vc, DESIGNATION OF STATES

Mark the applicable check-boxes below; at least one must be marked.

The following designations are hereby made under Rule 4.9(a):

## Regional Patent

- ☒ AP ARIPO Patent: GH Ghana, GM Gambia, KE Kenya, LS Lesotho, MW Malawi, MZ Mozambique, SD Sudan, SL Sierra Leone, SZ Swaziland, TZ United Republic of Tanzania, UG Uganda, ZM Zambia, ZW Zimbabwe, and any other State which is a Contracting State of the Harare Protocol and of the PCT (if other kind of protection or treatment desired, specify on dotted line) .....
- ☒ EA Eurasian Patent: AM Armenia, AZ Azerbaijan, BY Belarus, KG Kyrgyzstan, KZ Kazakhstan, MD Republic of Moldova, RU Russian Federation, TJ Tajikistan, TM Turkmenistan, and any other State which is a Contracting State of the Eurasian Patent Convention and of the PCT
- ☒ EP European Patent: AT Austria, BE Belgium, BG Bulgaria, CH & LI Switzerland and Liechtenstein, CY Cyprus, CZ Czech Republic, DE Germany, DK Denmark, EE Estonia, ES Spain, FI Finland, FR France, GB United Kingdom, GR Greece, IE Ireland, IT Italy, LU Luxembourg, MC Monaco, NL Netherlands, PT Portugal, SE Sweden, SI Slovenia, SK Slovakia, TR Turkey, and any other State which is a Contracting State of the European Patent Convention and of the PCT
- ☒ OA OAPI Patent: BF Burkina Faso, BJ Benin, CF Central African Republic, CG Congo, CI Côte d'Ivoire, CM Cameroon, GA Gabon, GN Guinea, GQ Equatorial Guinea, GW Guinea-Bissau, ML Mali, MR Mauritania, NE Niger, SN Senegal, TD Chad, TG Togo, and any other State which is a member State of OAPI and a Contracting State of the PCT (if other kind of protection or treatment desired, specify on dotted line) .....

## National Patent (if other kind of protection or treatment desired, specify on dotted line):

- |   |  |   |
|---|--|---|
| <input checked="" type="checkbox"/> AE United Arab Emirates .....               | <input checked="" type="checkbox"/> GM Gambia .....                                    | <input checked="" type="checkbox"/> NZ New Zealand .....                      |
| <input checked="" type="checkbox"/> AG Antigua and Barbuda .....                | <input checked="" type="checkbox"/> HR Croatia .....                                   | <input checked="" type="checkbox"/> OM Oman .....                             |
| <input checked="" type="checkbox"/> AL Albania .....                            | <input checked="" type="checkbox"/> HU Hungary .....                                   | <input checked="" type="checkbox"/> PH Philippines .....                      |
| <input checked="" type="checkbox"/> AM Armenia .....                            | <input checked="" type="checkbox"/> ID Indonesia .....                                 | <input checked="" type="checkbox"/> PL Poland .....                           |
| <input checked="" type="checkbox"/> AT Austria .....                            | <input checked="" type="checkbox"/> IL Israel .....                                    | <input checked="" type="checkbox"/> PT Portugal .....                         |
| <input checked="" type="checkbox"/> AU Australia .....                          | <input checked="" type="checkbox"/> IN India .....                                     | <input checked="" type="checkbox"/> RO Romania .....                          |
| <input checked="" type="checkbox"/> AZ Azerbaijan .....                         | <input checked="" type="checkbox"/> IS Iceland .....                                   | <input checked="" type="checkbox"/> RU Russian Federation .....               |
| <input checked="" type="checkbox"/> BA Bosnia and Herzegovina .....             | <input checked="" type="checkbox"/> JP Japan .....                                     | <input checked="" type="checkbox"/> SC Seychelles .....                       |
| <input checked="" type="checkbox"/> BB Barbados .....                           | <input checked="" type="checkbox"/> KE Kenya .....                                     | <input checked="" type="checkbox"/> SD Sudan .....                            |
| <input checked="" type="checkbox"/> BG Bulgaria .....                           | <input checked="" type="checkbox"/> KG Kyrgyzstan .....                                | <input checked="" type="checkbox"/> SE Sweden .....                           |
| <input checked="" type="checkbox"/> BR Brazil .....                             | <input checked="" type="checkbox"/> KP Democratic People's Republic of Korea .....     | <input checked="" type="checkbox"/> SG Singapore .....                        |
| <input checked="" type="checkbox"/> BY Belarus .....                            | <input checked="" type="checkbox"/> KR Republic of Korea .....                         | <input checked="" type="checkbox"/> SK Slovakia .....                         |
| <input checked="" type="checkbox"/> BZ Belize .....                             | <input checked="" type="checkbox"/> KZ Kazakhstan .....                                | <input checked="" type="checkbox"/> SL Sierra Leone .....                     |
| <input checked="" type="checkbox"/> CA Canada .....                             | <input checked="" type="checkbox"/> LC Saint Lucia .....                               | <input checked="" type="checkbox"/> TJ Tajikistan .....                       |
| <input checked="" type="checkbox"/> CH & LI Switzerland and Liechtenstein ..... | <input checked="" type="checkbox"/> LK Sri Lanka .....                                 | <input checked="" type="checkbox"/> TM Turkmenistan .....                     |
| <input checked="" type="checkbox"/> CN China .....                              | <input checked="" type="checkbox"/> LR Liberia .....                                   | <input checked="" type="checkbox"/> TN Tunisia .....                          |
| <input checked="" type="checkbox"/> CO Colombia .....                           | <input checked="" type="checkbox"/> LS Lesotho .....                                   | <input checked="" type="checkbox"/> TR Turkey .....                           |
| <input checked="" type="checkbox"/> CR Costa Rica .....                         | <input checked="" type="checkbox"/> LT Lithuania .....                                 | <input checked="" type="checkbox"/> TT Trinidad and Tobago .....              |
| <input checked="" type="checkbox"/> CU Cuba .....                               | <input checked="" type="checkbox"/> LU Luxembourg .....                                | <input checked="" type="checkbox"/> TZ United Republic of Tanzania .....      |
| <input checked="" type="checkbox"/> CZ Czech Republic .....                     | <input checked="" type="checkbox"/> LV Latvia .....                                    | <input checked="" type="checkbox"/> UA Ukraine .....                          |
| <input checked="" type="checkbox"/> DE Germany .....                            | <input checked="" type="checkbox"/> MA Morocco .....                                   | <input checked="" type="checkbox"/> UG Uganda .....                           |
| <input checked="" type="checkbox"/> DK Denmark .....                            | <input checked="" type="checkbox"/> MD Republic of Moldova .....                       | <input checked="" type="checkbox"/> US United States of America .....         |
| <input checked="" type="checkbox"/> DM Dominica .....                           | <input checked="" type="checkbox"/> MG Madagascar .....                                | <input checked="" type="checkbox"/> UZ Uzbekistan .....                       |
| <input checked="" type="checkbox"/> DZ Algeria .....                            | <input checked="" type="checkbox"/> MK The former Yugoslav Republic of Macedonia ..... | <input checked="" type="checkbox"/> VC Saint Vincent and the Grenadines ..... |
| <input checked="" type="checkbox"/> EC Ecuador .....                            | <input checked="" type="checkbox"/> MN Mongolia .....                                  | <input checked="" type="checkbox"/> VN Viet Nam .....                         |
| <input checked="" type="checkbox"/> EE Estonia .....                            | <input checked="" type="checkbox"/> MW Malawi .....                                    | <input checked="" type="checkbox"/> YU Yugoslavia .....                       |
| <input checked="" type="checkbox"/> ES Spain .....                              | <input checked="" type="checkbox"/> MX Mexico .....                                    | <input checked="" type="checkbox"/> ZA South Africa .....                     |
| <input checked="" type="checkbox"/> FI Finland .....                            | <input checked="" type="checkbox"/> MZ Mozambique .....                                | <input checked="" type="checkbox"/> ZM Zambia .....                           |
| <input checked="" type="checkbox"/> GB United Kingdom .....                     | <input checked="" type="checkbox"/> NO Norway .....                                    | <input checked="" type="checkbox"/> ZW Zimbabwe .....                         |
| <input checked="" type="checkbox"/> GD Grenada .....                            |  |   |
| <input checked="" type="checkbox"/> GE Georgia .....                            |  |   |
| <input checked="" type="checkbox"/> GH Ghana .....                              |  |   |

Check-boxes below reserved for designating States which have become party to the PCT after issuance of this sheet:

- ☒ NI NICARAGUA .....
- ☐ .....
- ☐ .....
- ☐ .....

**Precautionary Designation Statement:** In addition to the designations made above, the applicant also makes under Rule 4.9(b) all other designations which would be permitted under the PCT except any designation(s) indicated in the Supplemental Box as being excluded from the scope of this statement. The applicant declares that those additional designations are subject to confirmation and that any designation which is not confirmed before the expiration of 15 months from the priority date is to be regarded as withdrawn by the applicant at the expiration of that time limit. (Confirmation (including fees) must reach the receiving Office within the 15-month time limit.)

**Box No. VI PRIORITY CLAIM**

The priority of the following earlier application(s) is hereby claimed:

Filing date of earlier application (day/month/year)	Number of earlier application	Where earlier application is:		
		national application: country or Member of WTO	regional application:* regional Office	international application: receiving Office
item (1)				
item (2)				
item (3)				
item (4)				
item (5)				

☐ Further priority claims are indicated in the Supplemental Box.

The receiving Office is requested to prepare and transmit to the International Bureau a certified copy of the earlier application(s) (only if the earlier application was filed with the Office which for the purposes of this international application is the receiving Office) identified above as:

☐ all items    ☐ item (1)    ☐ item (2)    ☐ item (3)    ☐ item (4)    ☐ item (5)    ☐ other, see Supplemental Box

\* Where the earlier application is an ARIPO application, indicate at least one country party to the Paris Convention for the Protection of Industrial Property or one Member of the World Trade Organization for which that earlier application was filed (Rule 4.10(b)(ii)): .....

**Box No. VII INTERNATIONAL SEARCHING AUTHORITY**

Choice of International Searching Authority (ISA) (if two or more International Searching Authorities are competent to carry out the international search, indicate the Authority chosen; the two-letter code may be used):

ISA / USA .....

Request to use results of earlier search; reference to that search (if an earlier search has been carried out by or requested from the International Searching Authority):

Date (day/month/year)

Number

Country (or regional Office)

**Box No. VIII DECLARATIONS**

The following declarations are contained in Boxes Nos. VIII (i) to (v) (mark the applicable check-boxes below and indicate in the right column the number of each type of declaration):

Number of  
declarations

- |   |  |   |   |
|---|--|---|---|
| <input type="checkbox"/> Box No. VIII (i)             | Declaration as to the identity of the inventor   | : |   |
| <input checked="" type="checkbox"/> Box No. VIII (ii) | Declaration as to the applicant's entitlement, as at the international filing date, to apply for and be granted a patent             | : | 1 |
| <input type="checkbox"/> Box No. VIII (iii)           | Declaration as to the applicant's entitlement, as at the international filing date, to claim the priority of the earlier application | : |   |
| <input checked="" type="checkbox"/> Box No. VIII (iv) | Declaration of inventorship (only for the purposes of the designation of the United States of America)                               | : | 1 |
| <input type="checkbox"/> Box No. VIII (v)             | Declaration as to non-prejudicial disclosures or exceptions to lack of novelty   | : |   |

**Box No. VIII (ii) DECLARATION: ENTITLEMENT TO APPLY FOR AND BE GRANTED A PATENT**

*The declaration must conform to the standardized wording provided for in Section 212; see Notes to Boxes Nos. VIII, VIII (i) to (v) (in general) and the specific Notes to Box No. VIII (ii). If this Box is not used, this sheet should not be included in the request.*

Declaration as to the applicant's entitlement, as at the international filing date, to apply for and be granted a patent (Rules 4.17(ii) and 51bis.1(a)(ii)), in a case where the declaration under Rule 4.17(iv) is not appropriate:

INDFRAG LIMITED is entitled to apply for and be granted a patent by virtue of the following:

INDFRAG LIMITED is entitled as employer of the inventor, namely:  
PHILIP SAMUEL, SOMASUNDARAM SARAVANAN & MEYYAPPAN THANGARAJ.

This declaration is made for the purposes of all designations, except the designation of the United States of America.

☐ This declaration is continued on the following sheet, "Continuation of Box No. VIII (ii)".

**Box No. VIII (iv) DECLARATION: INVENTORSHIP** (only for the purposes of the designation of the United States of America)  
*The declaration must conform to the following standardized wording provided for in Section 214; see Notes to Boxes Nos. VIII, VIII (i) to (v) (in general) and the specific Notes to Box No. VIII (iv). If this Box is not used, this sheet should not be included in the request.*

**Declaration of Inventorship (Rules 4.17(iv) and 51b/s.1(a)(iv))  
 for the purposes of the designation of the United States of America:**

I hereby declare that I believe I am the original, first and sole (if only one inventor is listed below) or joint (if more than one inventor is listed below) inventor of the subject matter which is claimed and for which a patent is sought.

This declaration is directed to the international application of which it forms a part (if filing declaration with application).

This declaration is directed to international application No. PCT/..... (if furnishing declaration pursuant to Rule 26ter).

I hereby declare that my residence, mailing address, and citizenship are as stated next to my name.

I hereby state that I have reviewed and understand the contents of the above-identified international application, including the claims of said application. I have identified in the request of said application, in compliance with PCT Rule 4.10, any claim to foreign priority, and I have identified below, under the heading "Prior Applications," by application number, country or Member of the World Trade Organization, day, month and year of filing, any application for a patent or inventor's certificate filed in a country other than the United States of America, including any PCT international application designating at least one country other than the United States of America, having a filing date before that of the application on which foreign priority is claimed.

Prior Applications: .....

I hereby acknowledge the duty to disclose information that is known by me to be material to patentability as defined by 37 C.F.R. § 1.56, including for continuation-in-part applications, material information which became available between the filing date of the prior application and the PCT international filing date of the continuation-in-part application.

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

Name: ..... PHILIP SAMUEL .....

Residence: ..... India .....  
 (city and either US state, if applicable, or country)

Mailing Address: ..... 103, 4th Main, Domlur 2nd Stage, Bangalore, India - 560 071. ....

Citizenship: ..... Indian. ....

Inventor's Signature: .....  
 (if not contained in the request, or if declaration is corrected or added under Rule 26ter after the filing of the international application. The signature must be that of the inventor, not that of the agent)

Date: .....  
 (of signature which is not contained in the request, or of the declaration that is corrected or added under Rule 26ter after the filing of the international application)

Name: ..... Somasundaram Saravanan, .....

Residence: ..... India .....  
 (city and either US state, if applicable, or country)

Mailing Address: ..... No.1, 12th Cross, Bharathidasan Nagar, Hosur, Tamil Nadu, India - 635 109. ....

Citizenship: ..... Indian. ....

Inventor's Signature: .....  
 (if not contained in the request, or if declaration is corrected or added under Rule 26ter after the filing of the international application. The signature must be that of the inventor, not that of the agent)

Date: .....  
 (of signature which is not contained in the request, or of the declaration that is corrected or added under Rule 26ter after the filing of the international application)

☒ This declaration is continued on the following sheet, "Continuation of Box No. VIII (iv)".



**Continuation of Box No. VIII (i) to (v) DECLARATION**

*If the space is insufficient in any of Boxes Nos. VIII (i) to (v) to furnish all the information, including in the case where more than two inventors are to be named in Box No. VIII (iv), in such case, write "Continuation of Box No. VIII ..." (indicate the item number of the Box) and furnish the information in the same manner as required for the purposes of the Box in which the space was insufficient. If additional space is needed in respect of two or more declarations, a separate continuation box must be used for each such declaration. If this Box is not used, this sheet should not be included in the request.*

Continuation of Box No. VIII (iv):

MEYYAPPAN THANGARAJ,

Name:.....

India

Residence:.....  
(city and either US state, if applicable, or country)

72/174 - HIG, New Royakotta Hudco, Hosur, Tamil Nadu,

Mailing Address:.....

India - 635 109.

Indian

Citizenship:.....

Inventor's Signature.....  
(if not contained in the request, or if declaration is corrected or added under Rule 26ter after the filing of the international application. The signature must be that of the inventor, not that of the agent)

Date:.....  
(of signature which is not contained in the request, or of the declaration that is corrected or added under Rule 26ter after the filing of the international application)

**Box No. IX CHECK LIST: LANGUAGE OF FILING**

This international application contains:		This international application is accompanied by the following item(s) (mark the applicable check-boxes below and indicate in right column the number of each item):		Number of items
(a) in paper form, the following number of sheets:		1. <input checked="" type="checkbox"/> fee calculation sheet	:	1
request (including declaration sheets)	: 8	2. <input type="checkbox"/> original separate power of attorney	:	
description (excluding sequence listings and/or tables related thereto)	: 8	3. <input checked="" type="checkbox"/> original general power of attorney	:	1
claims	: 3	4. <input type="checkbox"/> copy of general power of attorney; reference number, if any: .....	:	
abstract	: 1	5. <input type="checkbox"/> statement explaining lack of signature	:	
drawings	: 0	6. <input type="checkbox"/> priority document(s) identified in Box No. VI as item(s): .....	:	
Sub-total number of sheets	: 20	7. <input type="checkbox"/> translation of international application into (language): .....	:	
sequence listings	:	8. <input type="checkbox"/> separate indications concerning deposited microorganism or other biological material	:	
tables related thereto	:	9. <input type="checkbox"/> sequence listings in computer readable form (indicate type and number of carriers)	:	
(for both, actual number of sheets if filed in paper form, whether or not also filed in computer readable form: see (c) below)		(i) <input type="checkbox"/> copy submitted for the purposes of international search under Rule 13ter only (and not as part of the international application)	:	
Total number of sheets	: 20	(ii) <input type="checkbox"/> (only where check-box (b)(i) or (c)(i) is marked in left column) additional copies including, where applicable, the copy for the purposes of international search under Rule 13ter	:	
(b) <input type="checkbox"/> only in computer readable form (Section 801(a)(i))		(iii) <input type="checkbox"/> together with relevant statement as to the identity of the copy or copies with the sequence listings mentioned in left column	:	
(i) <input type="checkbox"/> sequence listings		10. <input type="checkbox"/> tables in computer readable form related to sequence listings (indicate type and number of carriers)	:	
(ii) <input type="checkbox"/> tables related thereto		(i) <input type="checkbox"/> copy submitted for the purposes of international search under Section 802(b-quater) only (and not as part of the international application)	:	
(c) <input type="checkbox"/> also in computer readable form (Section 801(a)(ii))		(ii) <input type="checkbox"/> (only where check-box (b)(ii) or (c)(ii) is marked in left column) additional copies including, where applicable, the copy for the purposes of international search under Section 802(b-quater)	:	
(i) <input type="checkbox"/> sequence listings		(iii) <input type="checkbox"/> together with relevant statement as to the identity of the copy or copies with the tables mentioned in left column	:	
(ii) <input type="checkbox"/> tables related thereto		11. <input type="checkbox"/> other (specify): .....	:	
Type and number of carriers (diskette, CD-ROM, CD-R or other) on which are contained the				
<input type="checkbox"/> sequence listings: .....				
<input type="checkbox"/> tables related thereto: .....				
(additional copies to be indicated under items 9(ii) and/or 10(ii), in right column)				

Figure of the drawings which should accompany the abstract:

Language of filing of the international application:

ENGLISH

**Box No. X SIGNATURE OF APPLICANT, AGENT OR COMMON REPRESENTATIVE**

Next to each signature, indicate the name of the person signing and the capacity in which the person signs (if such capacity is not obvious from reading the request).

VAIDYANATHAN ALAMELU (MRS.)  
AGENT CODE IN/PA-62

For receiving Office use only

1. Date of actual receipt of the purported international application:	2. Drawings: <input type="checkbox"/> received:  <input type="checkbox"/> not received:
3. Corrected date of actual receipt due to later but timely received papers or drawings completing the purported international application:	
4. Date of timely receipt of the required corrections under PCT Article 11(2):	
5. International Searching Authority (if two or more are competent): ISA /	
6. <input type="checkbox"/> Transmittal of search copy delayed until search fee is paid	

For International Bureau use only

Date of receipt of the record copy by the International Bureau:

This sheet is not part of and does not count as a sheet of the international application.

PCT

FEE CALCULATION SHEET

Annex to the Request

For receiving Office use only

International Application No.

Date stamp of the receiving Office

Applicant's or agent's  
file reference

IN/PA-62

Applicant

INDFRAG LIMITED

CALCULATION OF PRESCRIBED FEES

1. TRANSMITTAL FEE

INR 5000 [T]

2. SEARCH FEE

US\$ 700 [S]

International search to be carried out by

(If two or more International Searching Authorities are competent to carry out the international search, indicate the name of the Authority which is chosen to carry out the international search.)

3. INTERNATIONAL FEE

Basic Fee

Where items (b) and/or (c) of Box No. IX apply, enter Sub-total number of sheets } 20

Where items (b) and (c) of Box No. IX do not apply, enter Total number of sheets }

[b1] first 30 sheets US\$ 407 [b1]

[b2] number of sheets in excess of 30 x fee per sheet = [b2]

[b3] additional component (only if sequence listings and/or tables related thereto are filed in computer readable form under Section 801(a)(i), or both in that form and on paper, under Section 801(a)(ii)):

400 x fee per sheet = [b3]

Add amounts entered at b1, b2 and b3 and enter total at B US\$ 407 [B]

Designation Fees

The international application contains 115 designations.

5 x 88 = US\$ 440 [D]  
number of designation fees payable (maximum 5) amount of designation fee

Add amounts entered at B and D and enter total at I US\$ 847 [I]

(Applicants from certain States are entitled to a reduction of 75% of the international fee. Where the applicant is (or all applicants are) so entitled, the total to be entered at I is 25% of the sum of the amounts entered at B and D.)

4. FEE FOR PRIORITY DOCUMENT (if applicable) [P]

5. TOTAL FEES PAYABLE

US\$1547+5000

TOTAL

Add amounts entered at T, S, I and P, and enter total in the TOTAL box

☐ The designation fees are not paid at this time.

MODE OF PAYMENT

☐ authorization to charge  
deposit account (see below)

☐ postal money order

☐ cash

☐ coupons

☒ cheque

☐ bank draft

☐ revenue stamps

☐ other (specify):

AUTHORIZATION TO CHARGE (OR CREDIT) DEPOSIT ACCOUNT

(This mode of payment may not be available at all receiving Offices)

☐ Authorization to charge the total fees indicated above.

☐ (This check-box may be marked only if the conditions for deposit accounts of the receiving Office so permit) Authorization to charge any deficiency or credit any overpayment in the total fees indicated above.

☐ Authorization to charge the fee for priority document.

Receiving Office: RO/

Deposit Account No.:

Date:

Name:

Signature: